

CLAIMS ONLY	Application Number	Filing Date
	10-618466	8-25-05
Applicant(s)		

10-618466  
Applicant(s)

825-05

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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50						
Total Indep	4					
Total Depend						
Total Claims	5					

May be used for additional claims or amendments

	Indep.	Depend.	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						